

Exhibit 7

FORENSIC MEDICAL, P.C.
Center for Forensic Medicine
850 R.S. Gass Blvd.
Nashville TN 37216-2640

CASE: 16-1406
PRIVATE

AUTOPSY REPORT

NAME: GALUTEN, HORTENSE RACE: White SEX: Female AGE: 93

DATE AND TIME OF DEATH: June 11, 2016 at 8:59 p.m.

DATE AND TIME OF AUTOPSY: June 15, 2016 at 9:30 a.m.

PATHOLOGIST: Emily H. Dennison, M.D.

PATHOLOGIC DIAGNOSES

1. Peritonitis.
 2. Pneumothorax, bilateral (right 500 milliliters, left 380 milliliters).
 3. Pulmonary consolidations, bilaterally.
 4. Pulmonary congestion and edema, bilaterally (right 700 grams, left 550 grams).
 5. Ascites (330 milliliters).
 6. Acute on chronic pancreatitis.
 7. Nodular liver.
 8. Renal atrophy (right 70 grams, left 90 grams).
 9. Nephrosclerosis.
 10. Cerebral atrophy (1210 grams) with dilated lateral ventricles.
 11. Bilateral rib fractures.
 12. Abrasion of the chest.
 13. Status post right mastectomy.
 14. Ulcer of the extremity.
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CAUSE OF DEATH: Acute Peritonitis due to Acute on Chronic Pancreatitis

**CONTRIBUTORY CAUSE
OF DEATH:** Chronic Kidney Disease, Malnutrition and Dementia

An autopsy permit on Hortense Galuten is received from Leslie Isaacson and Alvin Galuten, holding the relationships of daughter and son of the deceased. The autopsy is requested without restrictions. The autopsy is performed on June 15, 2016 at 9:30 a.m. at the Office of the Medical Examiner, Nashville, TN by Emily Dennison, M.D.

EXTERNAL EXAMINATION

The body is that of a well-developed, frail, 5 foot 2 inch, 112-1/2 pound woman who appears to be the reported age of 93 years. The body is refrigerated, well preserved, and not embalmed. An orange plastic bracelet around the right ankle has the inscription "120260".

The scalp has up to 15 centimeter in length, gray hair in a normal distribution. The irides are dark. The pupils are round. The corneas are cloudy. The sclerae are white. The conjunctivae have no petechiae. The nasal septum and nasal bones are intact. The ears are unremarkable. The teeth are natural and in fair repair. The oral mucosa is not injured.

The neck and chest are symmetrical. The right side of the chest has a large, 20 centimeter in length, scar. The right breast is remotely absent.

The abdomen is soft and flat and has a diffuse green discoloration. The posterior torso is unremarkable.

The extremities have no fractures, lacerations or deformities. The joints are not deformed. The arms have no track marks. The medial aspect of the left arm is diffusely erythematous. A 4 x 1 centimeter area of purpura is on the posterior aspect of the right arm. The wrists have no scars. The fingernails are intact. A 3 x 1 centimeter ulcer is on the lateral aspect of the left calf. A 3 x 1 centimeter excoriation is on the medial aspect of the left shin. A 2 x 1 centimeter area of erythema is on the lateral aspect of the left shin.

The external genitalia are those of a fully developed adult woman. The anus is unremarkable.

TATTOOS: There are no tattoos.

EVIDENCE OF MEDICAL INTERVENTION: The left arm has a bandage. The left ankle has gauze.

EVIDENCE OF INJURY: A 15 x 13 centimeter area of abrasion and erythema is on the right side of the chest. The anterolateral aspects of the right 2-6 ribs and left 1-8 ribs are fractured.

Having been mentioned above, these injuries will not be repeated below, except as needed for clarification.

INTERNAL EXAMINATION

The sternum and clavicles are intact. The diaphragm is not elevated. The mesothelial surfaces are smooth and glistening. All body organs are in their normal anatomical position. The right pleural cavity has 500 milliliters of cloudy red-yellow fluid and no adhesions. The left pleural cavity has 380 milliliters of dark red fluid and no adhesions. The pericardial sac contains approximately 10 milliliters of yellow serous fluid. The peritoneal cavity has no excess adhesions and approximately 330 milliliters of red serosanguinous fluid and multiple areas of fibrinous, white patches studding the abdominal organs and visceral surfaces.

The soft tissues of the neck, including strap muscles and large vessels, are unremarkable. The hyoid bone, thyroid cartilage, and larynx are intact. The tan-brown thyroid gland has a normal size and shape, and unremarkable parenchyma.

The 300 gram heart has smooth epicardial surfaces and a normal amount of epicardial fat. The four cardiac chambers do not contain mural thrombi. The four thin, pliable cardiac valves have no deformities or vegetations. The mural endocardium is thin, smooth and translucent. The red-brown myocardium has no fibrosis, necrosis, erythema or areas of accentuated softening or induration. The normally positioned ostia of the left main and right coronary arteries are patent. The coronary arteries arise normally and follow a right dominant distribution. The left anterior descending, left circumflex and right coronary arteries are thin-walled and patent. The left and right ventricles are 1.0 centimeters and 0.3 centimeters thick, respectively. The interventricular septum is 1.0 centimeter thick. The thin, elastic aorta is smooth and shiny with intimal fatty streaking and no atherosclerosis.

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, pink-gray, and unremarkable. The trachea and mainstem bronchi are clear of debris and foreign material. The right and left lungs are 700 grams and 550 grams, respectively. The pleural surfaces are smooth and glistening. The pink-red pulmonary parenchyma has no masses or granulomata. The lungs are congested, edematous and have consolidations within the right and left lower lobes. The pulmonary arteries are patent and have no thromboemboli. The anthracotic bronchomediastinal lymph nodes are inconspicuous.

The 1290 gram liver has a faintly nodular, glistening, intact capsule covering dark brown finely nodular parenchyma with a preserved lobular pattern. The liver has no focal lesions. The extra and intrahepatic vessels are patent. The gallbladder contains approximately 15 milliliters of yellow-green mucoid bile and no calculi. The gallbladder's mucosa is green and velvety. The cystic, common and hepatic bile ducts are patent.

The tongue is unremarkable. The esophagus is lined by gray-white smooth mucosa and is not dilated or stenosed and has no varices. The stomach has a normal size and shape. The gastric mucosa is free of ulcerations and is arranged with the usual folds. The stomach contains approximately 80 milliliters of thin, light red liquid. The small intestine is normal in length, configuration and diameter and has a smooth, shiny serosal surface. The mucosa is free of ulcerations. The mesentery has a normal insertion. The large intestine has a smooth, shiny serosal surface and no palpable masses or obstructions. The appendix is unremarkable.

The pink-tan pancreas is studded with white fibrinous plaques and has a hardened texture.

The 60 gram spleen has an intact capsule covering red-purple, diffuent parenchyma. The bone marrow of the ribs has a soft consistency and is dark red. The lymph nodes of the neck, chest, abdomen and pelvis are unremarkable.

The adrenal glands are unremarkable.

The right and left kidneys are 70 grams and 90 grams, respectively. The surfaces are red-brown, coarsely granular and atrophic. The parenchyma has well-defined corticomedullary junctions. The renal vessels are patent. The ureters have a normal course and caliber. The bladder contains no urine. The mucosa is tan, mildly trabeculated and intact.

The vagina has a smooth mucosa and does not contain foreign material or obstructions. The cervix is free of nodules, masses, and erosions. The uterus is normal in size and shape and has no masses. The ovaries are tan-pink and normal in size. The fallopian tubes are unremarkable.

The musculoskeletal system is well developed. The muscle groups of the anterior neck, chest wall, abdomen and iliopsoas are symmetrical, firm and red-brown. The ribs, pelvic bones and vertebral bodies of the cervical, thoracic and lumbar spine are unremarkable.

The reflected scalp has no hematomas. The skull is intact and has no fractures of the calvarium or skull base. There is no epidural or subdural hemorrhage.

The brain is 1210 grams. The leptomeninges are thin and transparent. There is no subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. The thin-walled arteries at the base of the brain have no aneurysms or other obvious abnormalities. The gray/white matter border is distinct. The lateral ventricles are dilated. The deep white matter has no softening, nodules or masses. The mammillary bodies are not shrunken or discolored. The dorsal cerebellar vermis is not atrophic. The symmetrical hippocampi are not shrunken, scarred or ecchymotic. The atlanto-occipital ligaments and cervical spine are intact.

MICROSCOPY:

Fibrinous plaques from the abdomen – Fibroadipose tissue with acute inflammatory infiltrate and necrosis.

Spleen – No significant histopathological findings.

Kidney – Multiple sclerotic glomeruli and thickened vessels.

Liver – No significant histopathological findings.

Heart – Focal areas of fibrosis and myocyte hypertrophy.

➤ **Right and left lungs** – Evidence of aspirated material, hemosiderin-stained macrophages and scattered calcifications.

Esophagus - No significant histopathological findings.

Brain – Hippocampus with multiple apparent amyloid plaques and neurofibrillary tangles; Corpora amylacea.

Small bowel – Serositis with areas of denuded mucosa; no evidence of ulcers.

Pancreas – Infiltrating fibrous bands and acute inflammatory infiltrate with focal areas of necrosis.

Stomach – Serositis with areas of denuded mucosa; no evidence of ulcers.

SUMMARY OF CASE

The decedent is a 93-year-old female transferred from her senior living facility to a nearby hospital after she was found unresponsive by staff. She was pronounced dead at the hospital on June 11, 2016.

The decedent has a past medical history significant for dementia, malnutrition, pancreatitis, chronic kidney disease, and dehydration. She had recently been discharged home from the hospital on June 11, 2016 after an admission for dehydration, nutritional issues and overall decline. During that admission, she did have coffee ground emesis but her hematocrit remained stable. Issues with dehydration, malnutrition, and pleural effusions were difficult to treat but the decedent did appear to improve before discharge.

The postmortem examination is significant for severe peritonitis with evidence of acute on chronic pancreatitis. The lungs are congested, edematous and there are bilateral consolidations in the lower lobes. Bilateral pneumothoraces are present. The abdomen has a significant amount of fluid. The liver is nodular and the kidneys are atrophied and granular. The brain is atrophied. The gastrointestinal tract appears within normal limits with no evidence of ulcers, varices, or perforations.

The microscopic analysis confirms an acute peritonitis with acute on chronic pancreatitis. The lungs have evidence of aspirated foreign material. The heart and lungs have evidence of heart failure. The brain is consistent with the given history of dementia. The kidneys are severely compromised.

Based on the circumstances and the collective findings, it is my opinion that the cause of death in this case is acute peritonitis due to acute on chronic pancreatitis. Chronic kidney disease, malnutrition and dementia likely contributed to her cause of death. The manner is natural.

Electronically signed by Emily H. Dennison, M.D. on Tuesday, July 19, 2016

Emily H. Dennison, M.D.
Assistant Medical Examiner

EHD/pc
T: 6/18/2016